

Find My Ride (FMR) Apply: Create Application User Guide

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Introduction

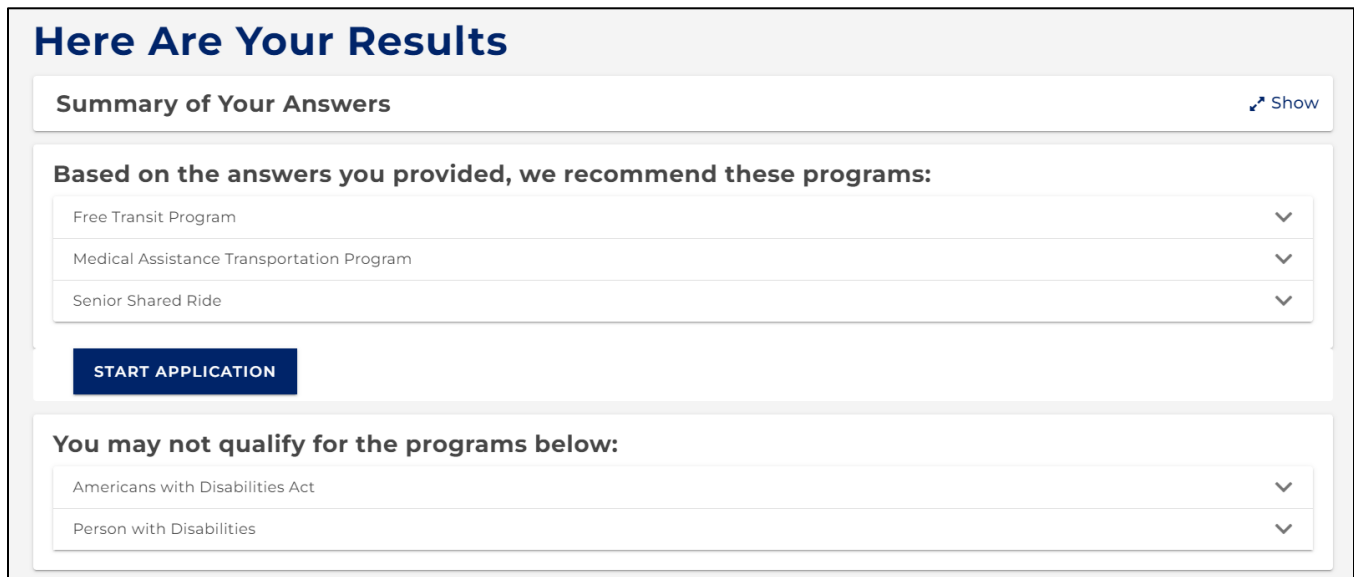
This guide outlines steps to create an online application for various programs providing transportation assistance. The application can be created for an individual or on behalf of someone else. First, you need to register to access the FMR Apply system, the process to do this is outlined within the FMR Apply: Register and Login User Guide.

Create Application

In order to start an application, you have to complete screening questions. Please refer to the Screening User Guide for more information on how to complete the screening process. This guide starts at the Screening Results.

Step 1: Start Application

1. Click Start Application.



The screenshot shows a web interface titled "Here Are Your Results". It contains a section "Summary of Your Answers" with a "Show" link. Below this, a heading states "Based on the answers you provided, we recommend these programs:". A list of three programs is shown with dropdown arrows: "Free Transit Program", "Medical Assistance Transportation Program", and "Senior Shared Ride". A blue "START APPLICATION" button is positioned below the list. Another heading states "You may not qualify for the programs below:". A list of two programs is shown with dropdown arrows: "Americans with Disabilities Act" and "Person with Disabilities".

Figure 1: Start Application

Step 2: Complete Profile Information

1. The Personal Information section displays.

Note: You may complete an application for yourself or on behalf of someone else. You should complete all of the questions from the perspective of the rider. For example, if you are applying on behalf of your sibling, the Personal Information should be their information.

Note: Required fields are marked with a red asterisk (*). You will not be able to save a section and move to the next until all required fields have been completed.

Profile Information

1 Personal Information

Basic information and contact information

Required *

First Name *

Middle Initial

Last Name *

Date of Birth *

Gender *

Email *

Home/Cell Phone *

Ext

Additional Phone

More Information

If the rider is approved for one or more transportation assistance programs, the transportation provider will use this information to create a record for the rider in the system they use to schedule trips. Date of birth is needed to determine the rider's eligibility for certain transportation assistance programs which have age requirements. For example, some programs are only available for seniors.

Save

CANCEL

Figure 2: Personal Information

2. Enter the required fields for the Personal Information section:
 - a. First and Last Name
 - b. Date of Birth
 - c. Gender
 - d. Email
 - e. Home/Cell Phone
 - f. Click Save. The Home Address section displays.

2 Home Address

Required *

The online application is unavailable for Allegheny and Philadelphia counties at this time. If you wish to apply for services in one of these counties, please use this [Contact Information](#) link to find the contact information for a local transportation provider.

Address Line 1 (Street Number & Street Name) *

Street Number & Street Name

Address Line 2 (Apartment Number/Building Number)

Apartment Number/Building Number

City * **State *** **Zip ***

County *

Is your mailing address the same as your home address? *

☐ Yes ☐ No

Save **CANCEL**

More Information

Why do we need this? [More Details](#)

Figure 3: Home Address

3. Review, confirm, and/or update the required fields for the Home Address section:
 - a. Current Street Address

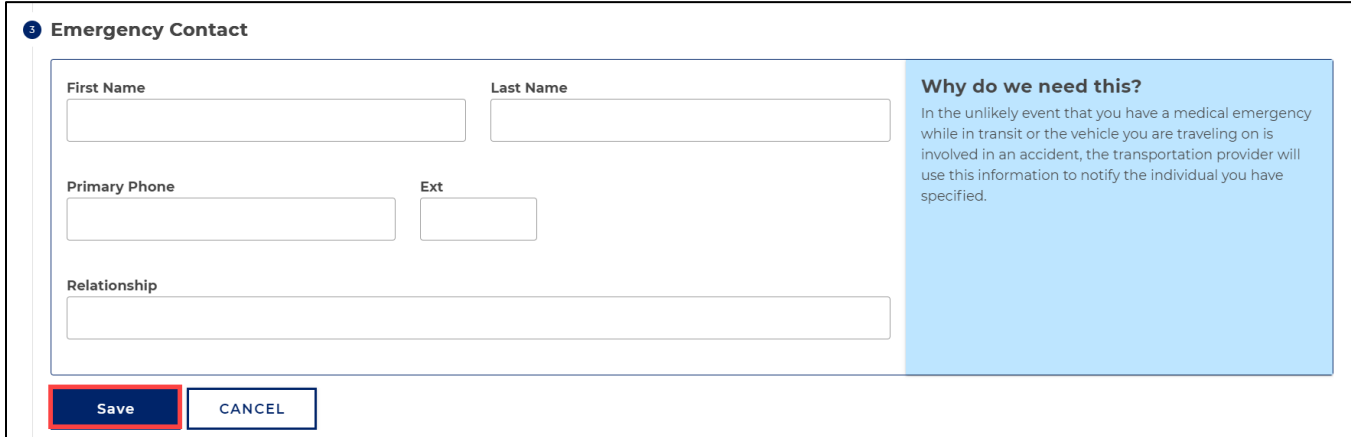
Note: If your address requires an apartment number or building number, enter the information on Address Line 2.

- b. City, State, and Zip code
- c. County displays the county selected during the questionnaire
- d. Select the appropriate answer if the Mailing Address is the same

Note: If you need transportation services outside of your county of residence, please contact the local transit agency provider for more information.

Note: If you change address information from the screening questions, you may be prompted to confirm your county.

- e. Click Save. The Emergency Contact section displays.



The screenshot shows the 'Emergency Contact' section of a form. It includes input fields for 'First Name', 'Last Name', 'Primary Phone', 'Ext', and 'Relationship'. A blue sidebar on the right contains the heading 'Why do we need this?' and explanatory text. At the bottom are 'Save' and 'CANCEL' buttons.

Emergency Contact

First Name Last Name

Primary Phone Ext

Relationship

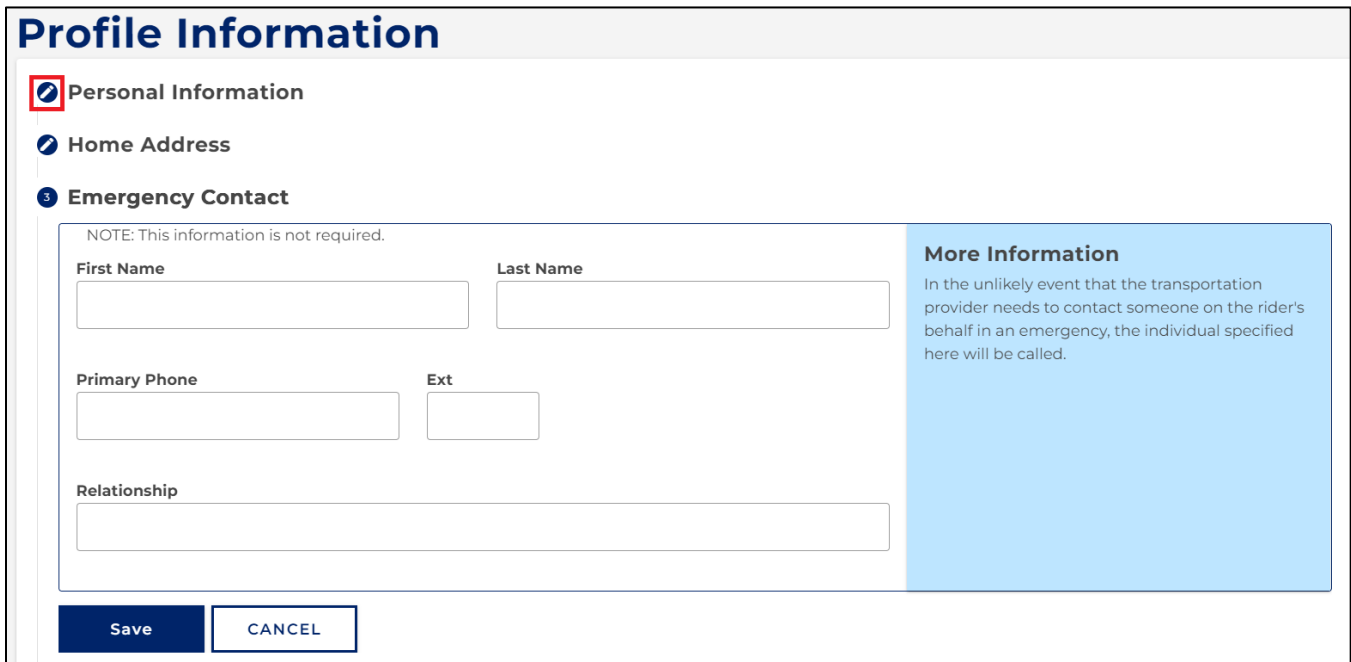
Why do we need this?
In the unlikely event that you have a medical emergency while in transit or the vehicle you are traveling on is involved in an accident, the transportation provider will use this information to notify the individual you have specified.

Save **CANCEL**

Figure 4: Emergency Contact

4. Enter the optional fields for the Emergency Contact section.
- a. First and Last Name
 - b. Primary Phone
 - c. Relationship

Note: You can click the pencil icon next to each section to go back and make edits prior to submitting the application.



The screenshot shows the 'Profile Information' section of a form. It has three tabs: 'Personal Information' (selected), 'Home Address', and 'Emergency Contact'. The 'Emergency Contact' tab is active, showing a 'NOTE: This information is not required.' and input fields for 'First Name', 'Last Name', 'Primary Phone', 'Ext', and 'Relationship'. A blue sidebar on the right contains the heading 'More Information' and explanatory text. At the bottom are 'Save' and 'CANCEL' buttons.

Profile Information

☒ **Personal Information**

☐ **Home Address**

☐ **Emergency Contact**

NOTE: This information is not required.

First Name Last Name

Primary Phone Ext

Relationship

More Information
In the unlikely event that the transportation provider needs to contact someone on the rider's behalf in an emergency, the individual specified here will be called.

Save **CANCEL**

Figure 5: Update Information

- d. Click Save. The Demographic Information section displays.

Profile Information

- Personal Information
- Home Address
- Emergency Contact
- Demographic Information**

What is your primary language? *

Select a Language

What is your race/ethnicity? *

Select race/ethnicity

Do you live in a nursing home?*

☐ Yes ☐ No

Do you live in a personal care home or an assisted living facility?*

☐ Yes ☐ No

More Information

Why do we need this? [More Details](#)

Save

CANCEL

Figure 6: Demographic Information

5. Enter the required fields for the Demographic Information section.
 - a. Select your Primary Language from the dropdown list.
 - b. Select your Race/Ethnicity from the dropdown list.
 - c. “Do you live in a nursing home?” Select Yes or No.
 - d. “Do you live in a personal care home or an assisted living facility?” Select Yes or No.
 - e. Click Save. The Transportation Information section displays.

Note: If English is not your primary language, “Do you need an interpreter?” displays to select Yes or No.

Note: If you live in a nursing home, the question “Are you being discharged from a nursing home within the next 2 weeks?” displays to select Yes or No.

Note: If you live in a personal care home or assisted living facility, the question “Does the personal care home or assisted living facility provide transportation as part of your care costs?” displays to select Yes or No.

Profile Information

- Personal Information
- Home Address
- Emergency Contact
- Demographic Information
- 5 Transportation Information**

Do you ever need assistance while traveling?*

☐ Yes ☐ No

Describe your current means of transportation: *

More Information

Why do we need this? [More Details](#)

What is a personal care attendant? [More Details](#)

Save

CANCEL

Figure 7: Transportation Information

6. Enter the required fields for the Transportation Information section.

- “Do you ever need assistance while traveling?” Select Yes or No.
- Describe your current means of transportation.
- Click Save. The Mobility Information section displays.

Note: If you ever need assistance while traveling, “Do you currently use a personal care attendant to travel?” displays to select Yes or No. If Yes, additional documentation may need to be uploaded in the Attachment section.

Profile Information

- Personal Information
- Home Address
- Emergency Contact
- Demographic Information
- Transportation Information
- 6 Mobility Information**

Do you require a lift-enabled vehicle?* Required *

☐ Yes ☐ No

Do you have any mobility devices such as the ones below?*

☐ Yes ☐ No

Select all the mobility devices that you use:

☐ Cane
 ☐ Oxygen

☐ Child Booster Seat
 ☐ Power Wheelchair

☐ Child Car Seat
 ☐ Service Animal

☐ Crutches
 ☐ Walker

☐ Manual Wheelchair
 ☐ Other

☐ Motorized Scooter

More Information

Why do we need this? [More Details](#)

What is a lift-enabled vehicle? [More Details](#)

Save & Continue

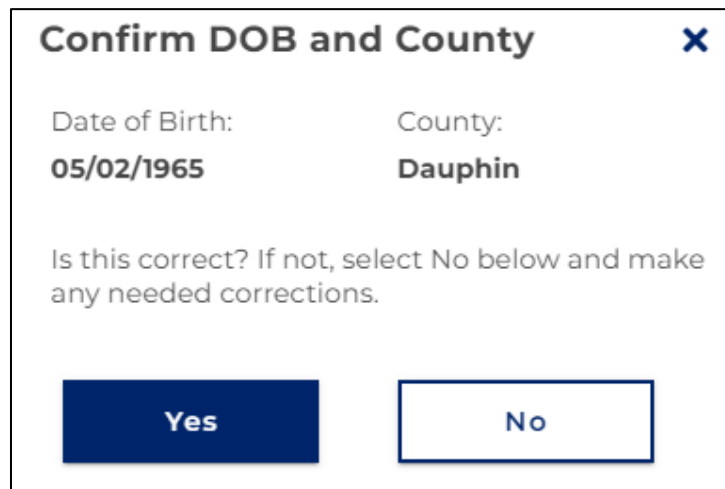
Return To Dashboard

Figure 8: Mobility Information

7. Enter the required fields for the Mobility Information section:
 - a. “Do you require a lift-enabled vehicle?” Select Yes or No.
 - b. “Do you have any mobility devices such as the ones below?” Select Yes or No.
 - c. If yes, “Select all the mobility devices that you use.” Check all that apply.

Note: If you select certain mobility devices, you may see additional questions about those devices.

- c. Click Save & Continue.
- d. A message displays to confirm your Date of Birth (DOB) and County.



Confirm DOB and County ✕

Date of Birth: **05/02/1965** County: **Dauphin**

Is this correct? If not, select No below and make any needed corrections.

Yes **No**

Figure 9: DOB and County Confirmation

- e. If both are correct, select Yes. If not, select No and the Profile Information page will display for you to edit the Date of Birth and the County.

Step 3: Complete Application Information Note

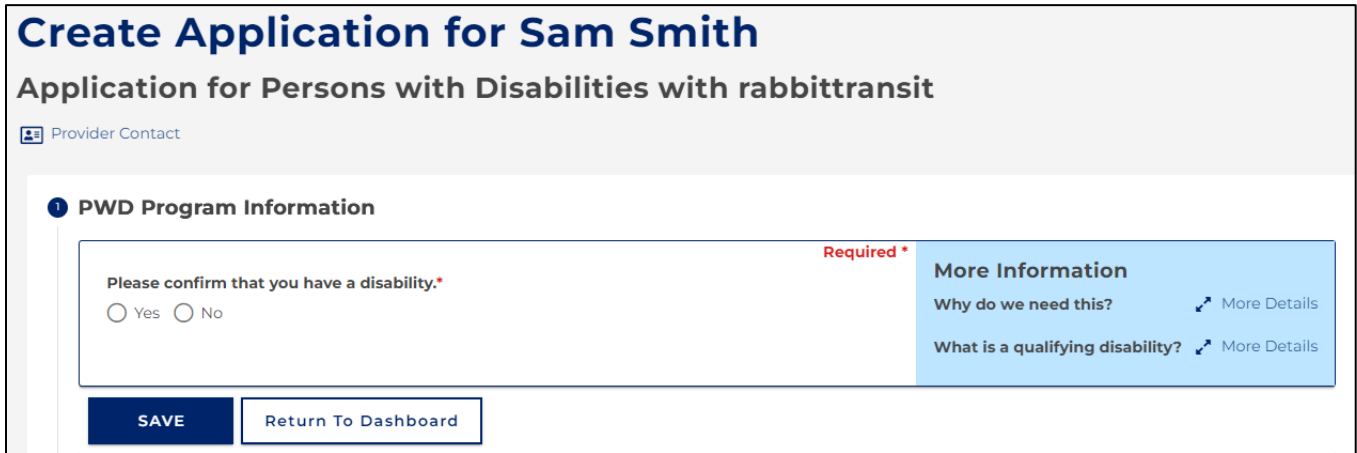
The applications for which the you qualify are available based on the screening and profile information you entered. You will be required to answer only the questions for programs that you may qualify for. Questions are presented for one program at a time. If questions do not apply to you, they will not appear in the application. The application for the first program displays.

Note: If you want to return to any portion of the application previously completed, click the pencil icon and you will be directed to that page of the application.



Figure 10: Pencil Icon

1. Persons with Disabilities Program (PwD) Information



Create Application for Sam Smith
Application for Persons with Disabilities with rabbittransit

Provider Contact

1 PwD Program Information

Please confirm that you have a disability.* Required *

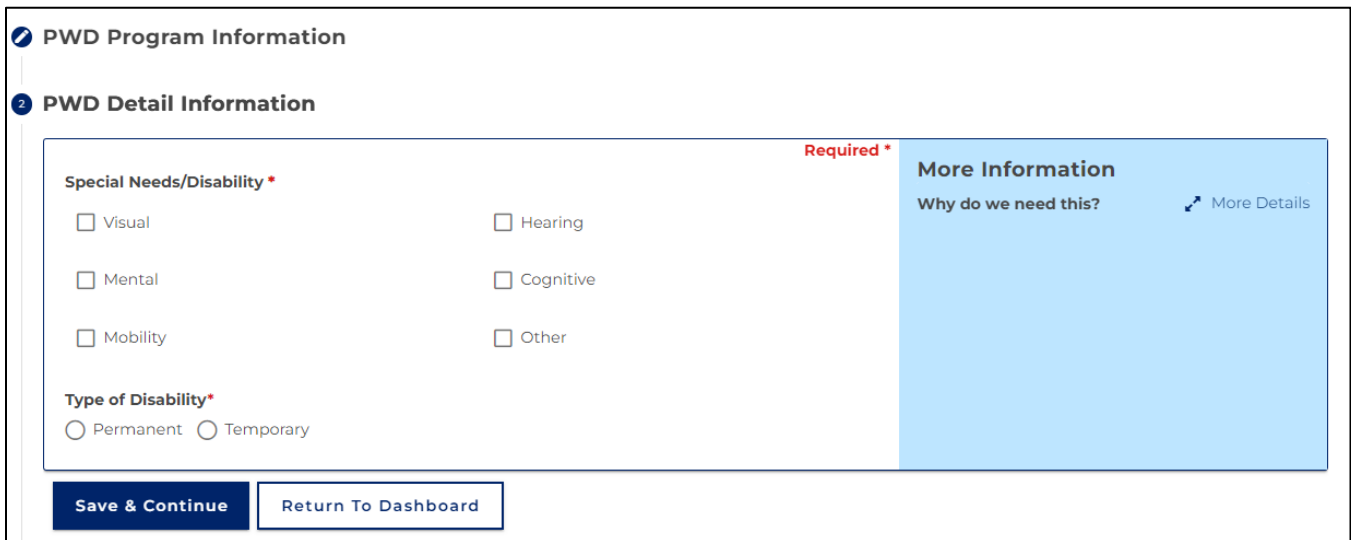
☐ Yes ☐ No

More Information
Why do we need this? [More Details](#)
What is a qualifying disability? [More Details](#)

SAVE **Return To Dashboard**

Figure 11: PwD Program Information

- a. Please confirm that you have a disability. Select Yes if you do have a disability. Select No if you do not.
- b. Click Save. The PwD Detail Information section displays.



2 PwD Detail Information

Special Needs/Disability * Required *

☐ Visual ☐ Hearing
☐ Mental ☐ Cognitive
☐ Mobility ☐ Other

Type of Disability *

☐ Permanent ☐ Temporary

More Information
Why do we need this? [More Details](#)

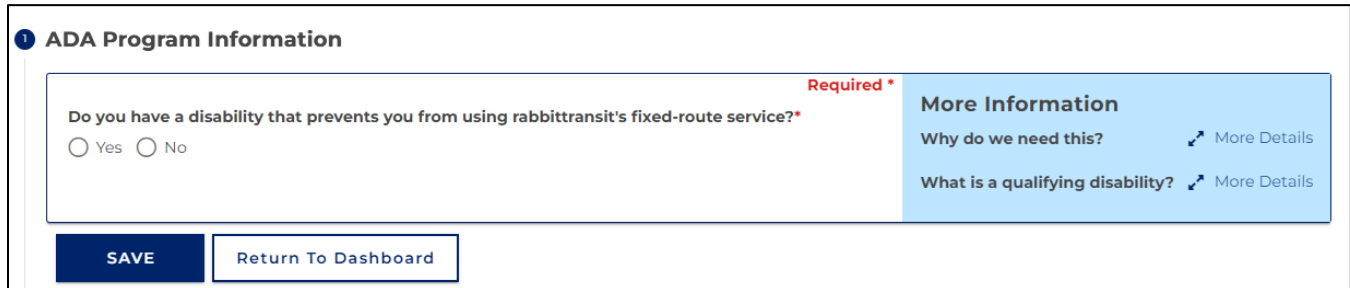
Save & Continue **Return To Dashboard**

Figure 12: PwD Detail Information

- c. Special Needs/Disability – check all that apply.
- d. Type of Disability – select Permanent or Temporary. If Temporary, you will be asked to enter the Disability End Date in MM/DD/YYYY format.
- e. Click Save & Continue.

Note: If Other is selected, a box to Enter Other Here displays.

2. Americans with Disabilities Act (ADA) Program



1 ADA Program Information

Required *

Do you have a disability that prevents you from using rabbittransit's fixed-route service?*

☐ Yes ☐ No

More Information

Why do we need this? [More Details](#)

What is a qualifying disability? [More Details](#)

SAVE **Return To Dashboard**

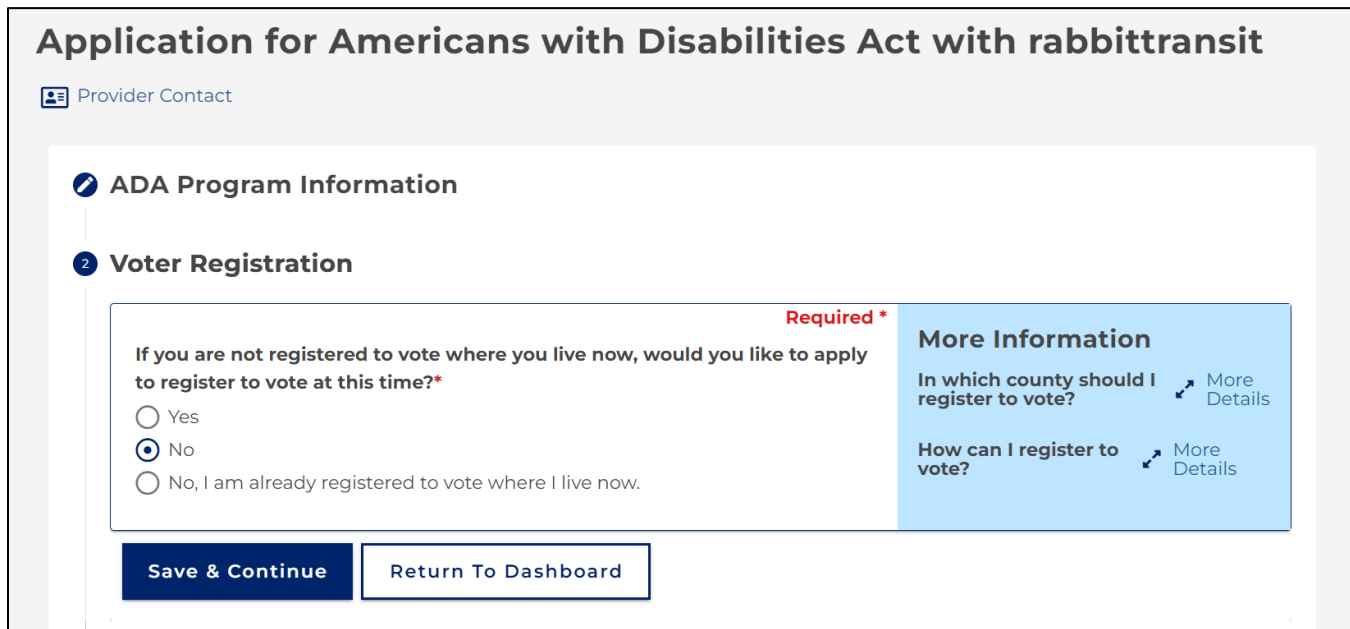
Figure 13: ADA Program Information

- a. "Do you have a disability that prevents you from using (Transit Agency) fixed-route service? Select Yes or No.

Note: This question may be worded slightly differently depending on your agency. It may be "Do you need to travel in and around the city of <City> where (Transit Agency) fixed route service operates?" Select Yes or No.

If you see this alternate wording and you select Yes, you will see an additional question: "Do you want to apply for (Transit Agency) transportation service for persons with disabilities that have difficulty using fixed route service?" Select Yes or No.

- b. If Yes, you will be asked, "How does your disability prevent you from using the fixed route service?" Describe how your disability prevents you from using the fixed route service in the text box provided.
- c. Click Save. The Voter Registration section displays.



Application for Americans with Disabilities Act with rabbittransit

[Provider Contact](#)

1 ADA Program Information

2 Voter Registration

Required *

If you are not registered to vote where you live now, would you like to apply to register to vote at this time?*

☐ Yes

☒ No

☐ No, I am already registered to vote where I live now.

More Information

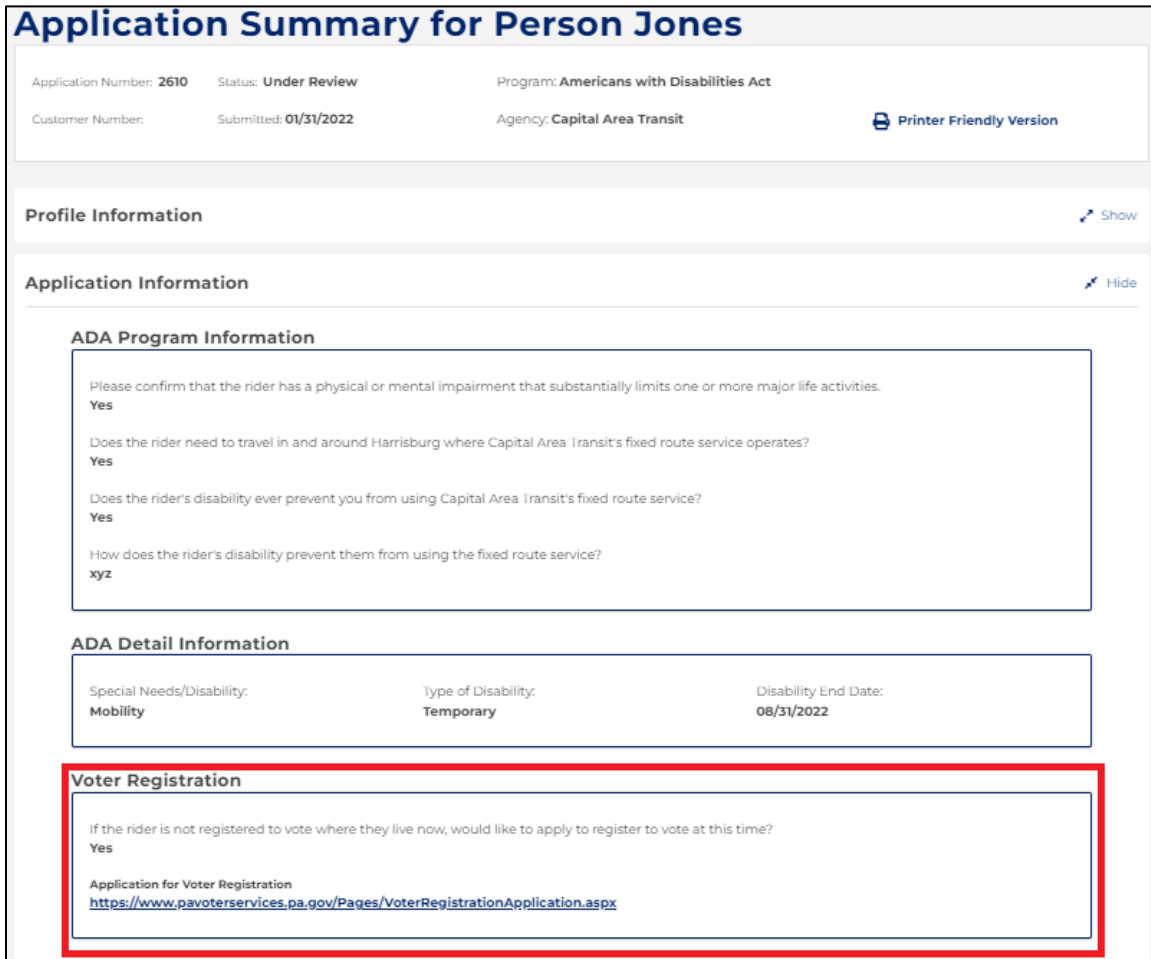
In which county should I register to vote? [More Details](#)

How can I register to vote? [More Details](#)

Save & Continue **Return To Dashboard**

Figure 14: Voter Registration

- e. “If you are not registered to vote where you live now, would you like to apply to register to vote at this time?” Select Yes, No, or No, I am already registered where I live now. If Yes, a link to the Voter Registration website will be provided in the Application Summary page.



Application Summary for Person Jones

Application Number: 2610 Status: Under Review Program: Americans with Disabilities Act
Customer Number: Submitted: 01/31/2022 Agency: Capital Area Transit [Printer Friendly Version](#)

Profile Information [Show](#)

Application Information [Hide](#)

ADA Program Information

Please confirm that the rider has a physical or mental impairment that substantially limits one or more major life activities.
Yes

Does the rider need to travel in and around Harrisburg where Capital Area Transit's fixed route service operates?
Yes

Does the rider's disability ever prevent you from using Capital Area Transit's fixed route service?
Yes

How does the rider's disability prevent them from using the fixed route service?
xyz

ADA Detail Information

Special Needs/Disability: Mobility	Type of Disability: Temporary	Disability End Date: 08/31/2022
--	---	---

Voter Registration

If the rider is not registered to vote where they live now, would like to apply to register to vote at this time?
Yes

Application for Voter Registration
<https://www.pavoterservices.pa.gov/Pages/VoterRegistrationApplication.aspx>

Figure 15: Voter Registration

- f. Click Save & Continue.

Note: If your county has more than one transportation service, the ADA Program Information section displays again, for the next agency. Follow steps a through c above then click Save & Continue.

3. Reduced Fare Transit Program (RFTP)

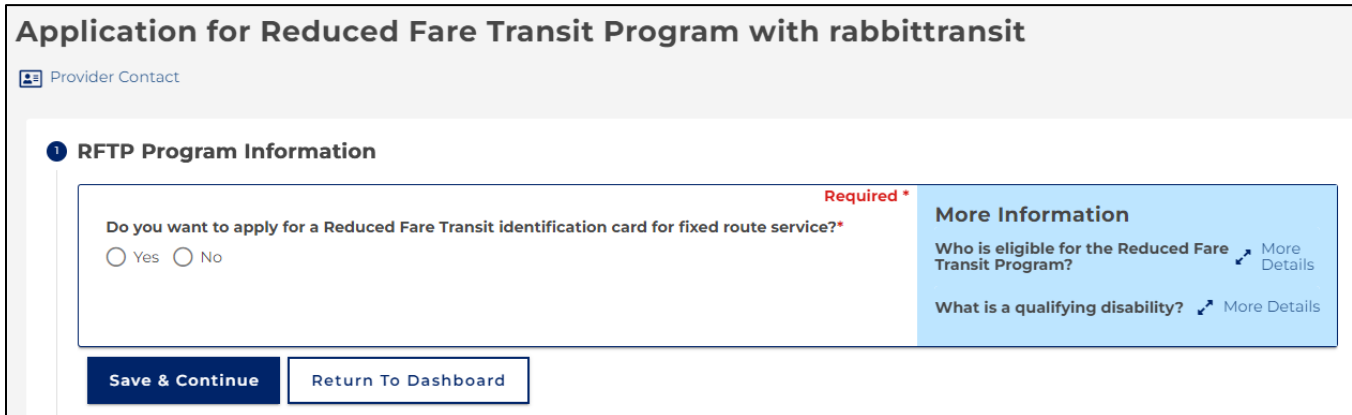


Figure 16: RFTP Information – Select to Apply

- a. “Do you want to apply for a Reduced Fare Transit identification card for fixed route service?”
Select Yes or No.

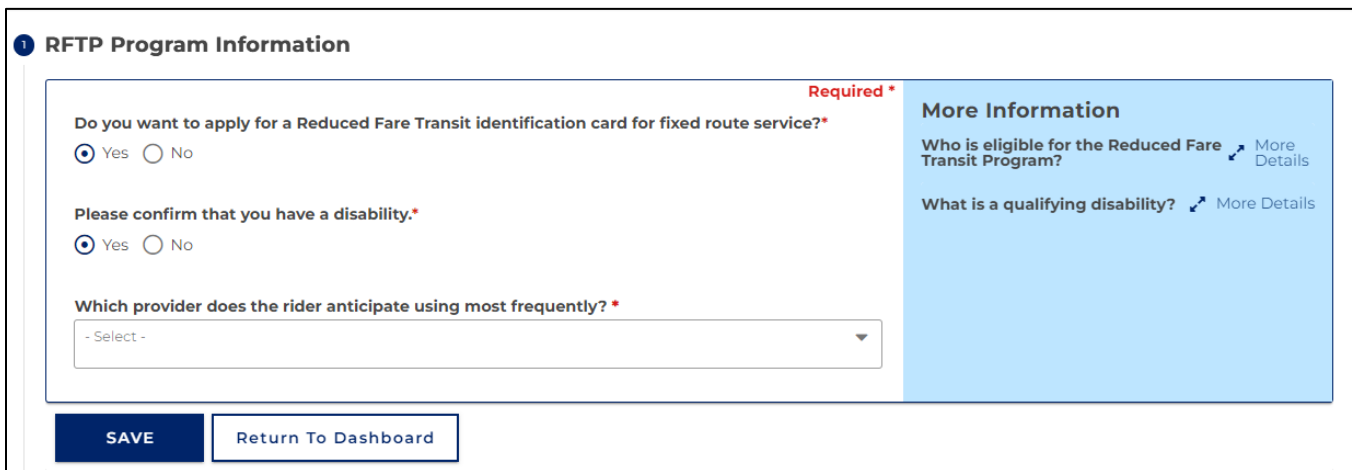



Figure 17: RFTP Information – Select Provider

- b. If Yes, respond to the statement “Please confirm that you have a disability”. Select Yes or No.
- c. If Yes and the area has more than one fixed-route provider, select “Which provider do you anticipate using most frequently?”
- d. Click Save & Continue.

4. Aging - Senior 60–64 Shared Ride

Application for Senior 60-64 Shared Ride with rabbittransit

 [Provider Contact](#)

1 Aging Detail Information

How would you like to verify your age? * Required *

☐ Enter the eight-digit number from your PA-issued driver's license or PA-issued photo identification card (recommended)

☐ Upload proof of age

More Information

Why do we need this? [More Details](#)

[Save & Continue](#) [Return To Dashboard](#)

Figure 18: Senior 60-64 Shared Rider Program – Select Age Verification Method

- a. “How would you like to verify your age?” displays two options. If Enter the eight-digit number from your PA-issued driver’s license or PA-issued photo identification card (recommended) is selected, a box to enter the information displays. After entering the number, click the Check button to verify the information.

1 Aging Detail Information

How would you like to verify your age? * Required *

☒ Enter the eight-digit number from your PA-issued driver's license or PA-issued photo identification card (recommended)

Drivers License or PA ID # Where can I find my license number?

[Check](#)

☐ Upload proof of age

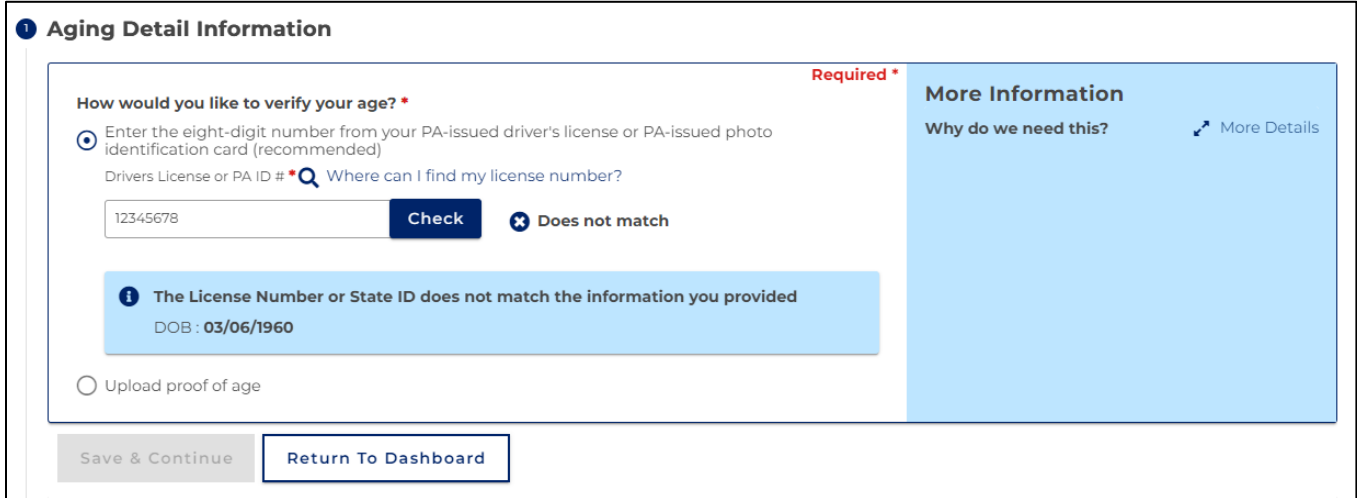
More Information

Why do we need this? [More Details](#)

[Save & Continue](#) [Return To Dashboard](#)

Figure 19: Senior 60-64 Shared Rider Program - Enter License or State ID Number Selected

- b. If the number does not match the DOB on the license or state ID, the message “The License Number or State ID does not match the information you provided,” and the entered DOB display.





1 Aging Detail Information

Required *

How would you like to verify your age? *

☒ Enter the eight-digit number from your PA-issued driver's license or PA-issued photo identification card (recommended)

Drivers License or PA ID #  Where can I find my license number?

12345678 **Check**  **Does not match**

i The License Number or State ID does not match the information you provided
DOB: 03/06/1960

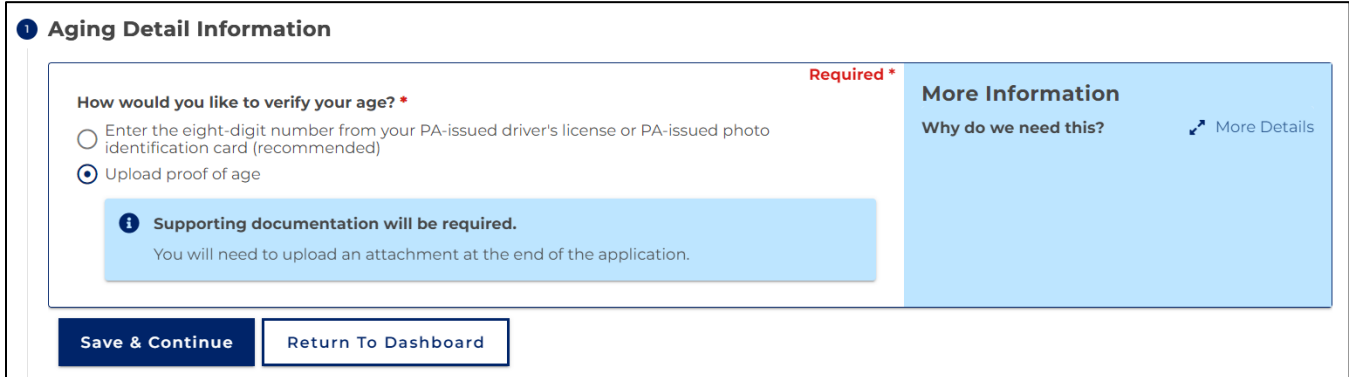
☐ Upload proof of age

More Information
Why do we need this? [More Details](#)

Save & Continue **Return To Dashboard**

Figure 20: Senior 60-64 Shared Rider Program – Enter License or State ID Number Enter and Checked

- c. If Upload proof of age is selected, “Supporting documentation will be required. You will need to upload an attachment at the end of the application.” displays.



1 Aging Detail Information

Required *

How would you like to verify your age? *

☐ Enter the eight-digit number from your PA-issued driver's license or PA-issued photo identification card (recommended)

☒ Upload proof of age

i Supporting documentation will be required.
You will need to upload an attachment at the end of the application.

More Information
Why do we need this? [More Details](#)

Save & Continue **Return To Dashboard**

Figure 21: Senior 60-64 Shared Rider Program – Upload Proof of Age Selected

- d. Click Save & Continue.

5. Senior Shared Ride Program (SSR)

Create Application for John Doe

Application for Senior Shared-Ride with rabbittransit

Provider Contact

1 SSR Detail Information

How would you like to verify your age? * Required *

☒ Enter the eight-digit number from your PA-issued driver's license or PA-issued photo identification card (recommended)

Drivers License or PA ID # Where can I find my license number?

☐ Upload proof of age

More Information

Why do we need this? [More Details](#)

Figure 22: SSR Detail Information – Enter License or State ID Number

- a. “How would you like to verify your age?” Select either “Enter the eight-digit number from your PA-issued driver’s license or PA-issued photo identification card (recommended)” or “Upload Proof of Age.”
- b. If you select “Enter the eight-digit number from your PA-issued driver’s license or PA-issued photo identification card (recommended)”, enter the your Pennsylvania Driver’s License or Pennsylvania state ID number. Eight numeric characters are required.
 - i. Click Check.

Create Application for John Doe

Application for Senior Shared-Ride with rabbittransit

Provider Contact

SSR Detail Information

How would you like to verify your age? * Required *

☒ Enter the eight-digit number from your PA-issued driver's license or PA-issued photo identification card (recommended)

Drivers License or PA ID # Where can I find my license number?

✖ Does not match

The License Number or State ID does not match the information you provided

DOB : 03/06/1950

☐ Upload proof of age

More Information

Why do we need this? [More Details](#)

Figure 23: SSR Detail Information - License Number or State ID Error Message

- ii. If the number entered is not a match or does not contain the required number of numeric characters, you will receive an error message. Correct your entry.
- iii. If the number entered is a match, Click Save & Continue.

SSR Detail Information

How would you like to verify your age? * Required *

☐ Enter the eight-digit number from your PA-issued driver's license or PA-issued photo identification card (recommended)

☒ Upload proof of age

Supporting documentation will be required.

You will need to upload an attachment at the end of the application.

More Information

Why do we need this? [More Details](#)

Figure 24: SSR Detail Information – Upload Proof of Age

- c. If you select Upload Proof of Age, you will be prompted to upload attachment(s) at the end of the application.
- d. Click Save & Continue.

6. Free Transit Program (FTP)

1 FTP Program Information

Required *

Do you want to apply for a Free Transit identification card for fixed route service? If your application is approved, you will receive an identification card from a local fixed route provider which will allow you to ride for free with any fixed route provider in Pennsylvania.*

☒ Yes ☐ No

More Information

Why do we need this? [More Details](#)

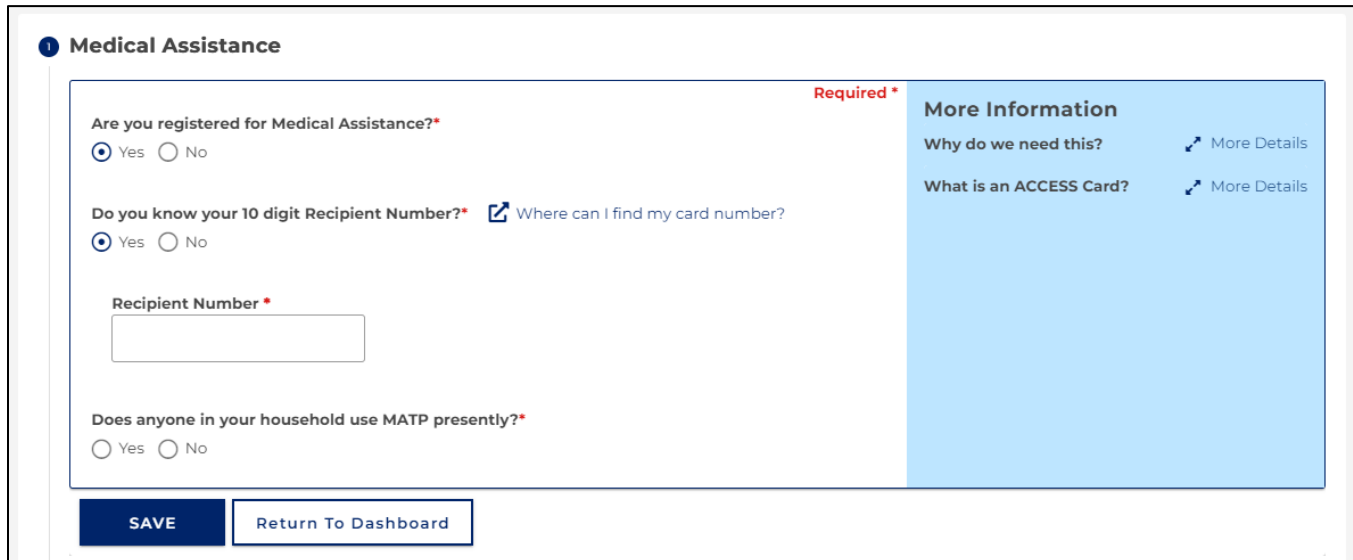
Save & Continue

Return To Dashboard

Figure 25: FTP Program Information

- “Do you want to apply for a Free Transit identification card for fixed route service? If your application is approved, you will receive an identification card from a local fixed route provider, which will allow you to ride for free with any fixed route provider in Pennsylvania.” Select Yes or No.
- If Yes and the area has more than one fixed-route provider, select “Which provider do you anticipate using most frequently?”
- Click Save & Continue.

7. Medical Assistance Transportation Program (MATP)



1 Medical Assistance

Required *

Are you registered for Medical Assistance?*

☒ Yes ☐ No

Do you know your 10 digit Recipient Number?*

☒ Yes ☐ No

[Where can I find my card number?](#)

Recipient Number *

Does anyone in your household use MATP presently?*

☐ Yes ☐ No

More Information

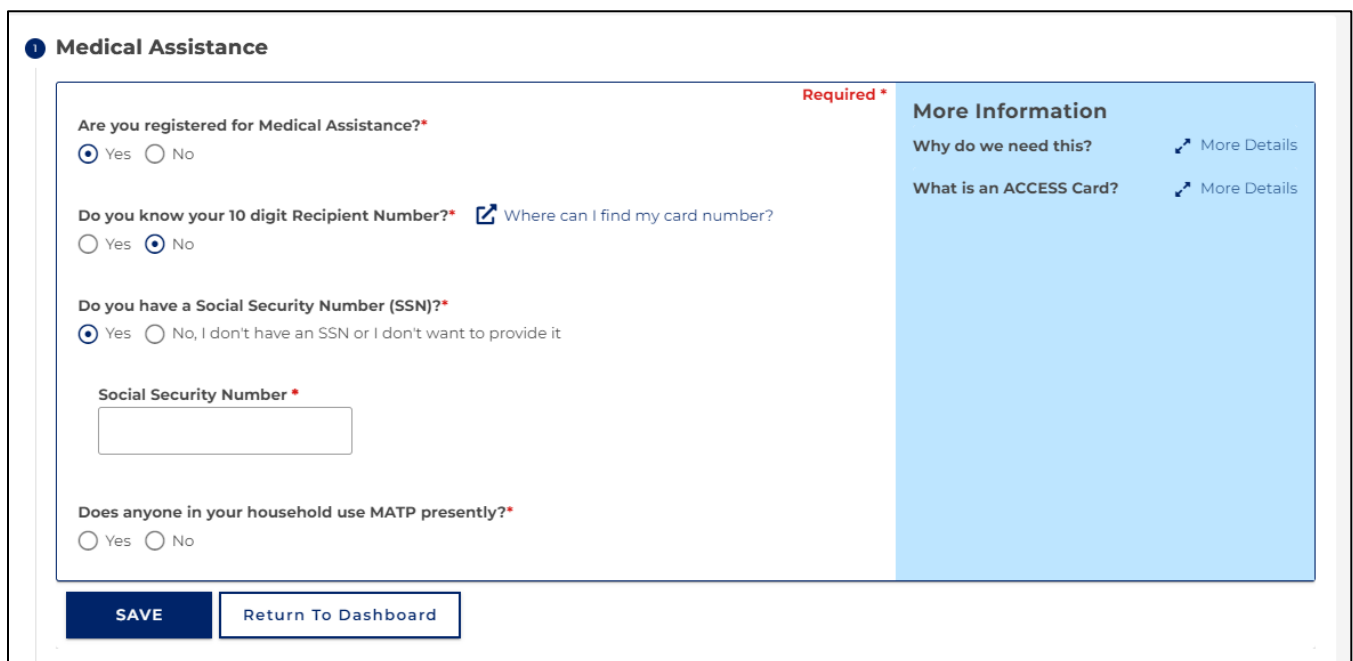
Why do we need this? [More Details](#)

What is an ACCESS Card? [More Details](#)

SAVE **Return To Dashboard**

Figure 26: Medical Assistance – Enter Recipient-Card Number

- “Are you registered for Medical Assistance?” Select Yes or No.
- “Do you know your 10 digit Recipient Number?” Select Yes or No.
- If Yes, enter the Recipient Number. Click “Where can I find my card number?” to display a pop-up box explaining and showing the numbers on the Pennsylvania Access card.
- If No, “Do you have a Social Security Number (SSN)?” displays. Select Yes or No.



1 Medical Assistance

Required *

Are you registered for Medical Assistance?*

☒ Yes ☐ No

Do you know your 10 digit Recipient Number?*

☐ Yes ☒ No

[Where can I find my card number?](#)

Do you have a Social Security Number (SSN)?*

☒ Yes ☐ No, I don't have an SSN or I don't want to provide it

Social Security Number *

Does anyone in your household use MATP presently?*

☐ Yes ☐ No

More Information

Why do we need this? [More Details](#)

What is an ACCESS Card? [More Details](#)

SAVE **Return To Dashboard**

Figure 27: Medical Assistance – Enter Social Security Number

- e. If Yes, enter the 9-digit SSN.
- f. “Does anyone in your household use MATP presently?” Select Yes or No.
- g. Click Save. The Transportation section displays.

2
Transportation

Do you have access to a vehicle in your household?
☐ Yes ☒ No

Do you know someone who is able to transport you to medical appointments?
☒ Yes ☐ No

Do you live near a bus or train stop? (within a quarter mile)?
☒ Yes ☐ No

Are there medical or cognitive reasons you can't ride on fixed route (mass transit) such as buses or trains?
☐ Yes ☐ No

Do you have a disability that affects your ability to use different types of transportation?
☐ Yes ☐ No

Are there medical reasons you can't ride in a vehicle with other people?
☐ Yes ☐ No

More Information

Why do we need this?
[More Details](#)

Save & Continue

Return To Dashboard

Figure 28: Medical Assistance – Transportation

- a. “Do you have access to a vehicle in your household?” Select Yes or No.
- b. “Do you know someone who is able to transport you to medical appointments?” Select Yes or No.
- c. “Do you live near a bus or train stop (within a quarter mile)?” Select Yes or No.
- d. If No, “Are there medical or cognitive reasons you can’t ride on fixed route (mass transit) such as buses or trains?” Select Yes or No.
- e. “Do you have a disability that affects your ability to use different types of transportation? Select Yes or No.
- f. “Are there medical reasons you can’t ride in a vehicle with other people?” Select Yes or No.
- g. Click Save & Continue.

8. Veteran Transportation Program (VTP)

1
VTP Program Information

Please confirm you are a veteran.
☒ Yes ☐ No

More Information

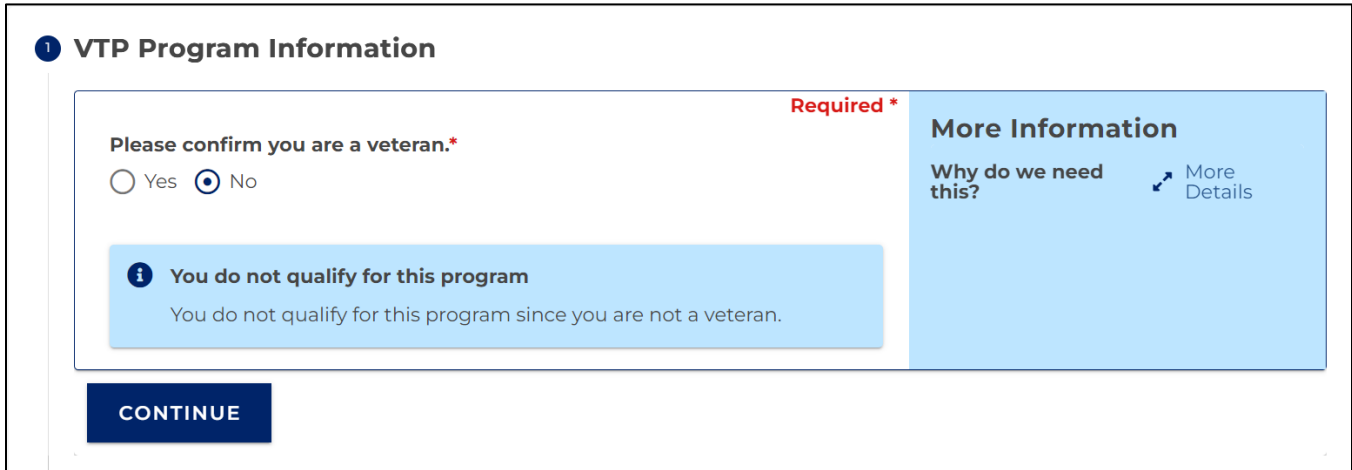
Why do we need this?
[More Details](#)

Save & Continue

Return To Dashboard

Figure 29: Veterans Program

- a. "Please confirm you are a veteran?" Select Yes or No.
- b. If No is selected, "You do not qualify for this program as you are not a veteran." Click Continue.
- c. If Yes is selected, click Save & Continue.



1 VTP Program Information

Please confirm you are a veteran.* **Required ***

☐ Yes ☒ No

More Information
Why do we need this? [More Details](#)

i You do not qualify for this program
You do not qualify for this program since you are not a veteran.

CONTINUE

Figure 30: Veterans Program - Ineligible

Note: Based on your answers to each application(s), you may not be qualified for a specific program. The system will provide a reason. The program will remain listed at the top along with other programs for which you may or may not qualify.

Step 4: Upload Attachments

The Upload Attachments section displays. Based on the programs for which you may qualify, you may need to upload required documents shown in each of the Attach Documents sections. If you are unable or need help uploading the required document(s), select the I need help uploading a document box. After the application is submitted, someone from the agency will contact you to provide assistance.

Attach Documents for Medicare Card Identification

Upload required documents *

Valid file extensions for attachments include: doc, docx, jpg, jpeg, pdf, bmp, gif, png, tif, tiff.
Attachments max file size is 50 Mb.

Drop Files here
or

Browse

No documents are attached to the application

☐ I need help uploading a document.

More Information

Please upload documentation verifying the rider's veteran status such as a DD Form 214, Veterans Universal Access Identification Card, Driver's License with a veteran designation, or other document that identifies the rider as a veteran. Any one of the above documents will be sufficient and it is unnecessary to provide multiple document types.

In order to upload a paper-based document, you first need to take a photo of the rider's document (with a smart phone for example) or scan the document with a scanner. Once you have the document stored electronically as an image file or as a scanned document (i.e., pdf file), you can select the name of the file and attach it for uploading to the application. Multiple files may be uploaded if you need to take multiple photos of the same document, as may be the case when you need to capture the front and back of a document or if it has multiple pages.

Attach Documents for Age Verification

Upload required documents *

Valid file extensions for attachments include: doc, docx, jpg, jpeg, pdf, bmp, gif, png, tif, tiff.
Attachments max file size is 50 Mb.

Drop Files here
or

Browse

No documents are attached to the application

☒ I need help uploading a document.

i After you submit your application, someone from the agency will contact you to help with your document upload.

More Information

Please upload an image of one of the following proof-of-age documents:

- Armed forces discharge/separation papers
- Baptismal Certificate, if it lists a birth date
- Birth Certificate
- Driver's license (PA or out of state)
- PACE ID card
- Passport or naturalization papers
- PennDOT-issued photo ID card
- Resident alien card
- Statement of age from the US Social Security Administration

Any one of the above documents will be sufficient and it is unnecessary to provide multiple document types.

In order to upload a paper-based document, you first need to take a photo of the rider's document (with a smart phone for example) or scan the document with a scanner. Once you have the document stored electronically as an image file or as a scanned document (i.e., pdf file), you can select the name of the file and attach it for uploading to the application. Multiple files may be uploaded if you need to take multiple photos of the same document, as may be the case when you need to capture the front and back of a document or if it has multiple pages.

[Continue](#)

[Return To Dashboard](#)

Figure 31: Upload Attachments

1. To upload a required document, click Browse.
2. The Open window displays, allowing you to browse to the file you want to upload.

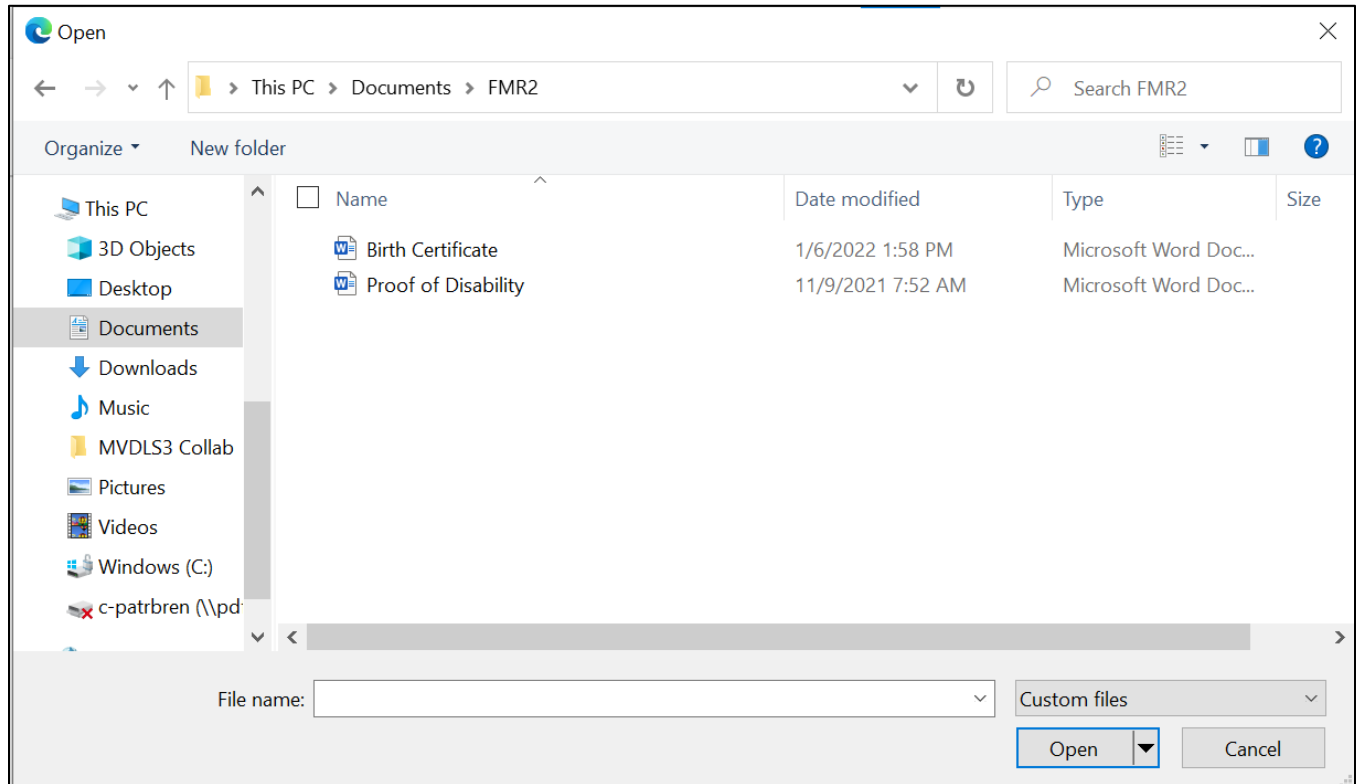


Figure 32: Open Window

3. Select the document.
4. Click Open. The selected file displays.

Upload Attachments

Attach Documents for Age Verification

Upload required documents *

Valid file extensions for attachments include: doc, docx, jpg, jpeg, pdf, bmp, gif, png, tif, tiff.
Attachments max file size is 50 Mb.

Drop Files here
or

Browse

Birth Certificate.docx Remove

Upload

Cancel

No documents are attached to the program

Required *

More Information

Please upload an image of one of the following proof-of-age documents:

- Armed forces discharge/separation papers
- Baptismal Certificate, if it lists a birth date
- Birth Certificate
- Driver's license
- PACE ID card
- Passport or naturalization papers
- PennDOT-issued photo ID card
- Resident alien card
- Statement of age from the US Social Security Administration

Any one of the above documents will be sufficient and it is unnecessary to provide multiple document types.

In order to upload a paper-based document, you first need to take a photo of the rider's document (with a smart phone for example) or scan the document with a scanner. Once you have the document stored electronically as an image file or as a scanned document (i.e., pdf file), you can select the name of the file and attach it for uploading to the application. Multiple files may be uploaded if you need to take multiple photos of the same document, as may be the case when you need to capture the front and back of a document or if it has multiple pages.

Continue

Return To Dashboard

Figure 33: View Uploaded Document

- Click Upload. The selected file name displays above the Upload and Cancel buttons. If the incorrect file was uploaded, click Remove.
- Click Continue.

Note: If I need help uploading a document has been selected, a document can be uploaded by clicking Browse. Once a document has been uploaded, "I need help uploading a document no longer displays." To remove the document, click Delete. Click Yes to remove the document. I need help uploading a document is available to select.

Note: You can select Cancel at any time, the system will save what has been completed to that point, allowing you to complete the application. The dashboard will display a message stating you are almost done with your applications, and you can continue where you left off by selecting the Continue Applications button.

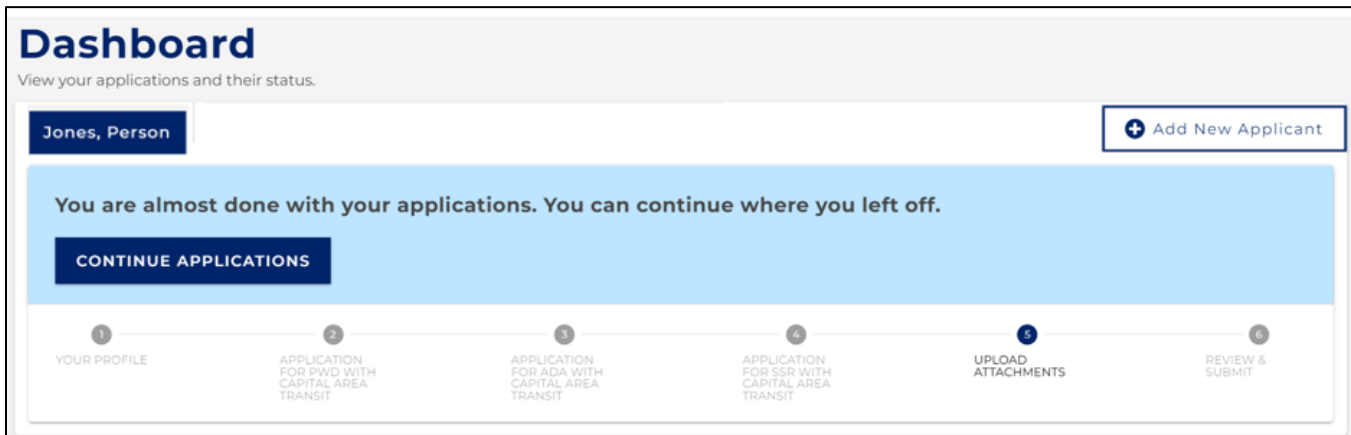


Figure 34: Continue Applications

7. Click Continue Applications. The Application Summary page displays.

Step 5: Submit the Application(s)

The Application Summary page lists each section of the application that has been completed. To view the information within any section, click Show to expand that section.

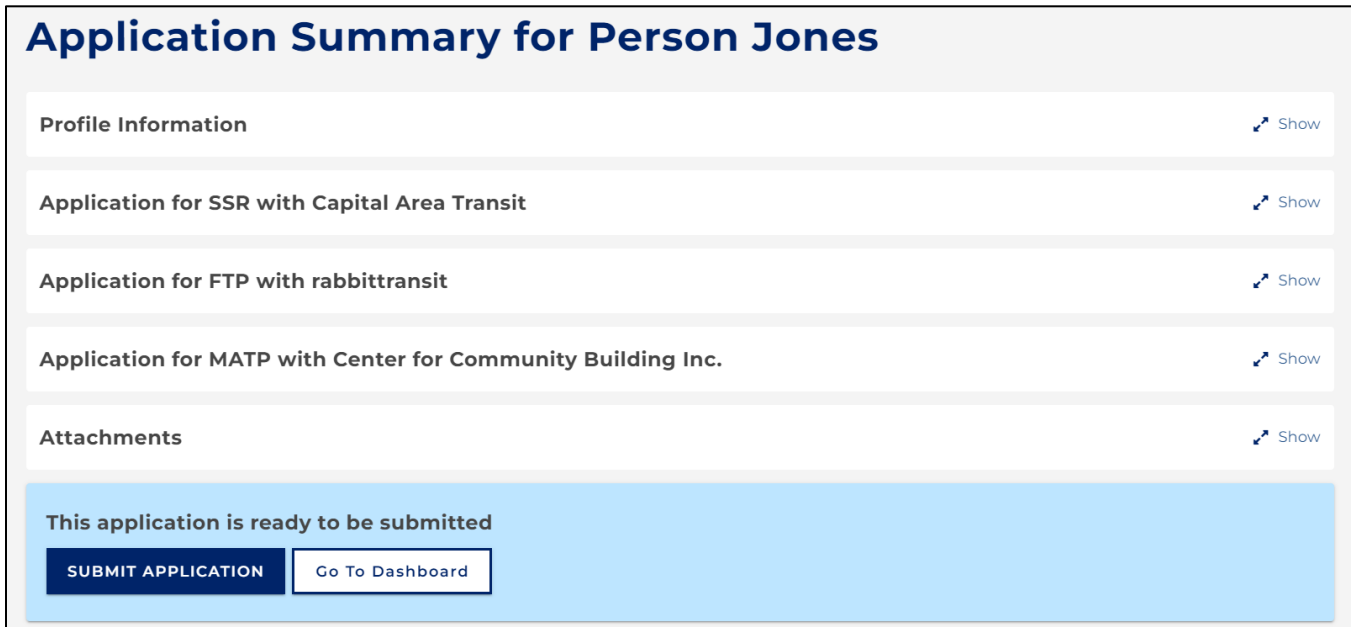


Figure 35: Application Summary

1. Click Submit Application. The Submit Application confirmation window displays.

Submit Application

X
CLOSE

Does the applicant have any appointments upcoming in the next two weeks? *

☐ Yes ☐ No

By checking this box, I hereby certify that all information contained in the application and supporting materials submitted via the Internet are true and correct.

☐ Additionally, I authorize the release of any confidential information which may be necessary to assist in processing this application or in scheduling transportation for the applicant and I certify that the applicant has authorized me to release this information.

You will not be able to change the application after you submit it.

SUBMIT APPLICATION

Cancel

Figure 36: Submit Application Confirmation

2. Do you have any appointments upcoming in the next two weeks? Select Yes or No.
 - a. If Yes, "What is the date of your next appointment?", enter the date.

Note: If you have an upcoming appointment, the transit agency receiving your application will see that information and may use it to assist in the application process.

3. Check the box indicating: "By checking this box, I hereby certify that all information contained in the application and supporting materials submitted via the Internet are true and correct. Additionally, I authorize the release of any confidential information which may be necessary to assist in processing my application or in scheduling transportation."
4. Click Submit Application.
5. The Dashboard displays with the message "Your applications were successfully submitted." The email address associated to the user account will receive an email notification for the submitted application(s).

Note: From the Dashboard, click "Printer Friendly Version" to view, print, or save a .pdf version of the application.

Dashboard

View your applications and their status.

✓ **Your applications were successfully submitted.**



Next, your applications will be reviewed by the appropriate agencies and actions taken accordingly. During the review process you may be contacted by these agencies. You will also receive email updates as the status of your applications change.

Agency	Program	Application No.	
rabbittransit	Persons with Disabilities	4166	Printer Friendly Version
rabbittransit	Americans with Disabilities Act	4167	Printer Friendly Version
rabbittransit	Reduced Fare Transit Program	4168	Printer Friendly Version
rabbittransit	Veterans Program	4169	Printer Friendly Version

Voter Registration

[Application for Voter Registration](#)

Figure 37: Dashboard After Submit

Note: The link to the Voter Registration website is provided on the Dashboard if you did not visit the website from the Application Summary.

Note: If your circumstances have changed and you want to apply for programs later (e.g., you are now eligible for Medicaid and were not when you first applied), you may start those applications from your Dashboard.






Profile Information		Last Update: 01/26/2022		Complete	
				Review	Edit
Application for:		Capital Area Transit Provider Contact	Under Review		
Program: Persons with Disabilities			View Details		
			Review		
Application for:		Capital Area Transit Provider Contact	Under Review		
Program: Americans with Disabilities Act			View Details		
			Review		
Application for:		Capital Area Transit Provider Contact	Under Review		
Program: Senior Shared-Ride			View Details		
			Review		
Based on the information you provided, the following applications will not be processed:					
Application for:		rabbittransit Provider Contact	Not Started		
Program: Free Transit Program			View Details		
			Start		
Application for:		Center for Community Building Inc. Provider Contact	Not Started		
Program: Medical Assistance Transportation Program			View Details		
			Start		

Figure 38: Apply Later

Next Steps

The application will be reviewed by the transit agency. You will receive an email notifying you of the review's outcome. The application may be approved, marked ineligible, or returned for corrections. If your application needs updates or additional information, it may be returned to you for corrections. For more information on how to update an application, please refer to the Update and Resubmit User Guide.

Find My Ride Apply Applications Submitted
Inbox x

FindMyRideTest_NoReply@pa.gov
10:07 AM (2 hours ago)

to lkhfmr2022

Agency: rabbittransit Application number: 3129	Status: Under Review Submitted: 05/26/2022	Program: Reduced Fare Transit Program
---	---	--

Application ID 3129 has been submitted for LI

For additional assistance, please contact your [local transportation provider](#).

Visit Find My Ride Apply to [access application No: 3129](#)

Agency: rabbittransit Application number: 3130	Status: Under Review Submitted: 05/26/2022	Program: Senior 60-64 Shared Ride
---	---	--

Application ID 3130 has been submitted for LI

For additional assistance, please contact your [local transportation provider](#).

Visit Find My Ride Apply to [access application No: 3130](#)

Figure 39: Find My Ride Apply Applications Submitted Email